

Prescribing & Administration Information for Ferinject® (ferric carboxymaltose)

Patient name: Date of birth: CHI no.: <i>Affix patient label</i>	Drug Allergies / Sensitivities None Known <input type="checkbox"/> Yes <input type="checkbox"/> Details:
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Step 1: Calculate WEEKLY dose for intravenous infusion

Patient weight* (kg): <small>*Use actual body weight</small>	Hb (g/L): on / /
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Ferinject® doses for range of Hb and body weight

Weight (kg)*	Hb < 100g/L		Hb ≥ 100g/L and < 130g/L	
25-34	Week 1	500mg	Week 1	500mg
35-37	Week 1	500mg	Week 1	500mg
	Week 2	500mg	Week 2	500mg
	Week 3	500mg		
38-49	Week 1	750mg	Week 1	500mg
	Week 2	750mg	Week 2	500mg
50-69	Week 1	1,000mg	Week 1	1,000mg
	Week 2	500mg		
≥70	Week 1	1,000mg	Week 1	1,000mg
	Week 2	1,000mg	Week 2	500mg

Step 2: Prescribe on ONCE ONLY section of Kardex

Step 3: Prescribe on infusion chart

Ferinject® (ferric carboxymaltose)					
Dose	500mg	750mg	1,000mg	1,500mg	2,000mg
Volume (50mg/ml vial)	10ml	15ml	20ml		
Infusion fluid	100ml sodium chloride 0.9%				
Infusion rate	400ml/hour over 15 minutes				
	Fluid restricted: 200ml/hour over 30 minutes				

Dose must be split. Maximum weekly dose = 20mg/kg body weight up to a maximum of 1,000mg of iron.

Complications

Hypersensitivity reactions Can be life-threatening Caution is needed with every dose	Extravasation Can cause PERMANENT brown skin staining
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Step 4: Complete checklist for administration

	Initial when complete																											
Pre-infusion																												
Oral iron stopped <i>at least 48 hours</i> prior to infusion																												
Patient received information leaflet																												
Patient aware of risks and benefits and happy to proceed with treatment																												
Patient aware to notify staff immediately if they: <ul style="list-style-type: none"> feel unwell experience pain / discomfort at PVC site 																												
Facilities for cardio-pulmonary resuscitation available																												
Adequate supervision available. NOT for out of hours administration																												
During infusion																												
STOP immediately if: Symptoms of an allergic reaction. Infusion not flowing freely. Swelling / discomfort / burning / pain.	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 15%; text-align: center;">Baseline</td> <td style="width: 15%;"></td> <td style="width: 70%;">Observations (NEWS)</td> </tr> <tr> <td></td> <td></td> <td>PVC check*</td> </tr> <tr> <td></td> <td></td> <td>Flush the PVC#</td> </tr> <tr> <td style="text-align: center;">+ 15 mins</td> <td></td> <td>Observations (NEWS)</td> </tr> <tr> <td></td> <td></td> <td>PVC check*</td> </tr> <tr> <td style="text-align: center;">30 mins post infusion</td> <td></td> <td>Observations (NEWS)</td> </tr> <tr> <td></td> <td></td> <td>PVC check*</td> </tr> <tr> <td></td> <td></td> <td>Flush the PVC#</td> </tr> <tr> <td></td> <td></td> <td>Remove PVC</td> </tr> </table>	Baseline		Observations (NEWS)			PVC check*			Flush the PVC#	+ 15 mins		Observations (NEWS)			PVC check*	30 mins post infusion		Observations (NEWS)			PVC check*			Flush the PVC#			Remove PVC
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*as per PVC care plan #with a minimum of 5ml of 0.9% sodium chloride (using a 10ml syringe) administer using a push pause technique

Post-infusion

Arrange appointment for subsequent infusion(s) (if required). Minimum of 7 days between infusions	
Ensure follow up plan in place to recheck Hb and ferritin after 1 month	
Document details of treatment on clinical portal via discharge letter / outpatient clinic letter	
Consider monitoring phosphate levels in patients at risk for hypophosphataemia who require long-term treatment / multiple high-dose infusions	